

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 460
2001/02
FORM

Date Stamp
MAR 01 2002

REGISTRAR OF VOTERS
By J. Adams Deputy

Page _____ of _____
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COPY

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

Occupation & Employers
Expenditures

3. Committee Information

I.D. NUMBER 1237231

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Norby for Supervisor

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Michael Di Costanzo

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on February 28, 2002

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Michael Di Costanzo
Signature of Treasurer or Assistant Treasurer

By Chris Norby
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Norby for Supervisor (ID# 1237231) - Occupations and Employers

Title	Last Name	First Name	Street Address	City	State	Zip Code	Occupation	Employer
Mr.	Bell	Jon	11111 Santa Monica	San Clemente	CA	92673	Retired	
Mr.	Bosu	Sogba	11111 Santa Monica	San Clemente	CA	92673	Physician	Kaiser Permanente
Mr.	Braun	Benjamin	11111 Santa Monica	San Clemente	CA	92673	Architect	JBZ Architects & Planners
Mr.	Buck	Richard	11111 Santa Monica	San Clemente	CA	92673	Software Engineer	Self-Employed
Mr.	Bushala	George	11111 Santa Monica	San Clemente	CA	92673	Developer	Bushala Brothers
Mr.	Buxton	Kyle	11111 Santa Monica	San Clemente	CA	92673	Educator	SUUSD
Mrs.	Cerney	Judy	11111 Santa Monica	San Clemente	CA	92673	Technician	Conexant
Mr.	Daily	Brian	11111 Santa Monica	San Clemente	CA	92673	Strategic Planner	Corinthian College
Mr.	Davis	Philip	11111 Santa Monica	San Clemente	CA	92673	President	Emergency Ambulance
Mr.	Esposito	Bernie	11111 Santa Monica	San Clemente	CA	92673	Partner	Esposito and Daly
Ms.	Greek	Marsha	11111 Santa Monica	San Clemente	CA	92673	Homemaker	
Mr.	Howell	Richard	11111 Santa Monica	San Clemente	CA	92673	Software Engineer	Unemployed
Mr.	Hunter	Paul	11111 Santa Monica	San Clemente	CA	92673	Sales	Centaur Corp.
Mr.	Kim	Benjamin	11111 Santa Monica	San Clemente	CA	92673	Owner	Fullerton Golf
Ms.	Kiraly	Patricia Jo	11111 Santa Monica	San Clemente	CA	92673	Jeweler	Self-Employed
Mr.	Kruse	James	11111 Santa Monica	San Clemente	CA	92673		IBM Corporation
Mr.	Lippincott	Pamela	11111 Santa Monica	San Clemente	CA	92673	CFO	Aztek, Inc.
Mr.	Lohrbach	Ed	11111 Santa Monica	San Clemente	CA	92673	Developer	Ed Lohrbach Associates
Mr.	Love	Terrance	11111 Santa Monica	San Clemente	CA	92673	Owner	Steamers Café
Ms.	Marks	Gillian	11111 Santa Monica	San Clemente	CA	92673		Raytech Resources
Mr.	Martin	James	11111 Santa Monica	San Clemente	CA	92673	CFO	Ponderosa Mobile Estates
Ms.	McGovern	Nancy	11111 Santa Monica	San Clemente	CA	92673	Psychologist	County of Orange
Mr.	Miller	Wayne	11111 Santa Monica	San Clemente	CA	92673	Small Business Owner	Self-Employed
Mrs.	Padilla	Diana	11111 Santa Monica	San Clemente	CA	92673		Brian's Welding
Mr.	Penrose	Jeffrey	11111 Santa Monica	San Clemente	CA	92673	Software Engineer	Quest Software
Mr.	Phillips	William	11111 Santa Monica	San Clemente	CA	92673	Retired	
Ms.	Pike	Gale	11111 Santa Monica	San Clemente	CA	92673	Restrauteur	The Beach House Restaurant
Mr.	Pinto	Michael	11111 Santa Monica	San Clemente	CA	92673	Realtor	Pinto Real Estate
Mr.	Riela	Sal	11111 Santa Monica	San Clemente	CA	92673	Owner	Salstar Enterprises
Mrs.	Rubin	Marlin	11111 Santa Monica	San Clemente	CA	92673	Attorney	Rutin & Miller
Mr.	Ruiz	Matthew	11111 Santa Monica	San Clemente	CA	92673	Interior Designer	Self-Employed
Mr.	Skenderian	Morris	11111 Santa Monica	San Clemente	CA	92673	Architect	Morris Skenderian & Assoc.
Mr.	Vaughn	Richard	11111 Santa Monica	San Clemente	CA	92673	Retired	
Mrs.	Vos	Hennie	11111 Santa Monica	San Clemente	CA	92673	Homemaker	
Mr.	Westermann	Philip	11111 Santa Monica	San Clemente	CA	92673	Engineer	Untel, Inc.
Mr.	Wilson	Leland	11111 Santa Monica	San Clemente	CA	92673	Mortgage Broker	Self-Employed
Mrs.	Zarutskie	Johnelle	11111 Santa Monica	San Clemente	CA	92673	Nurse	Dr. Zarutskie, MD

March 1, 2002

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/20/02</u> through <u>2/16/02</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER <u>1237231</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Nooby for Supervisor

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>76,211</u>	\$ <u>102,936</u>
2. Loans Received	Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>76,211</u>	\$ <u>102,936</u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>2,000</u>	\$ <u>3,000</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>78,211</u>	\$ <u>105,936</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>118,295</u>	\$ <u>137,216</u>
7. Loans Made	Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>118,295</u>	\$ <u>137,216</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>15,700</u>	\$ <u>15,700</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>2,000</u>	\$ <u>3,000</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>135,995</u>	\$ <u>155,916</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>64,084</u>
13. Cash Receipts	Column A, Line 3 above	\$ <u>76,211</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments	Column A, Line 8 above	\$ <u>118,295</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>22,000</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 1/20/02
through 2/16/02

CALIFORNIA
FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Norby for Supervisor

I.D. NUMBER

1237231

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Daniel Hile [REDACTED] [REDACTED]		Returned Contribution	\$ 1,000

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,000

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100 \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____